

**Centers for Medicare & Medicaid Services**  
**Transcript: Assister Technical Assistance Webinar**  
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**Contents**

Welcome .....	1
Assister Guidance: Dos and Don'ts in FFM and SPM's .....	3
Application Spotlight: Family and Household Composition Section.....	8
Q&A.....	11

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**Welcome**

Welcome to the weekly assister webinar. All lines had been muted to prevent background noise and so everyone can have a good experience. If you are listening through your speakers and have any audio issues, or if your slides do not appear to be moving please hit the refresh button, it's the third icon on the right near the volume bar. If you continue to have audio problems you can always log off and log back on the webinar. If that doesn't work, you are welcome to join us via telephone. The instructions are listed on the screen. During the webinar, if you have any questions you can type them into the ask a question feature. With that I will turn this over to Miss Deborah Bryant.

Good afternoon. Thank you for joining us today for this webinar. As Melissa mentioned my name is Deborah Bryant and I am the Director of the Consumer Advocacy and Assister Support for the Marketplace. As a reminder, the call is intended as a technical assistance call for assisters. It is not intended for press purposes and is not on the record. If you are a member of the press, please contact our press office at [press@CMS.hhs.gov](mailto:press@CMS.hhs.gov). I also want to remind you that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

Before we kick off the webinar, I wanted to highlight that today CMS released a fact sheet that details consumer improvements for open enrollment. As you all know we are just about a week away from open enrollment and we are ready to welcome consumers back to HealthCare.gov. Over the past few months our team has been working hard and applying lessons that we have learned to make the enrollment quicker and smoother for returning consumers and new consumers. Ahead of open enrollment there are new features added to HealthCare.gov based on consumer feedback. There is a

press release today that outlines the consumer improvements and we sent a link in the chat feature. It should be at the bottom of your screen in the answered questions field, towards the left. We will also send around this link in the newsletter next week. If you missed it at the bottom of your chat feature, you will get it next week.

Also, as we prepare for open enrollment, with your help, we plan to have 10 million people enrolled through the Health Insurance Marketplace through the close of 2016. We are expecting one out of every 4 uninsured consumers who are eligible for the Marketplace will come back and select plans during open enrollment.

As you may have seen, earlier this month, the Assistant Secretary for Planning and Evaluation released a demographic analysis of the uninsured individuals who are likely eligible for coverage through the Marketplace. According to these reports, nearly 8 in 10 of the approximately 10.5 million uninsured individuals likely to be eligible for qualified health plans may also be eligible for financial assistance through the Marketplace. ASPE also released a brief providing additional insight into these uninsured populations, noting that almost half are between the ages of 18 and 34 and more than a third are people of color. You can read the full briefs from ASPE by clicking on the links provided on the slide.

For today's presentation, we have two topics that will continue to help you to prepare for open enrollment. First we will provide an overview on Assister Dos and Don'ts. We included links to assister tip sheets on this topic in the webinar invitation and will share them again today as well. We will also provide an application spotlight presentation on the family and household composition section of the online Marketplace application. If you have any questions during today's webinar, please submit them through the webinar chat feature and if there is time we will address them at the end of the webinar. Now I will turn it over to Carolyn who will provide a few other Marketplace updates and she will also moderate today's session.

Thanks Deborah. I also wanted to note for those who are on the phone that are accessing the link to the fact sheet on consumer assistance that there is a small piece of text with a URL and another bracket that may be getting in the way of that link working. If it is not working for you please feel free to submit a question in the webinar and we will fix it. We will also be sending this out in the newsletter on Wednesday.

Moving on, we want to highlight a new resource that was included in the assister newsletter this week. Earlier this month, CMS launched a new privacy manager to give consumers more control on the information that you choose to share. You can click on the slide link here to give you some more things about this manager and give you a message from Marketplace CEO Kevin Counihan on how HealthCare.gov helps protect consumer information. The second link on your screen is the full privacy notice which include new content about this feature.

This week's newsletter also include information regarding password reset and as assisters you may work with consumers who don't have access anymore to the email address that they use when they first set up their account on HealthCare.gov. This year consumers who are in that situation can now change or update the email address that they have associated with their HealthCare.gov account by calling the Marketplace Call Center at 1-800-318-2596. After the consumer update their email address any effective password reset or account unlock emails will go to the email address that the consumer has chosen to use so that the consumer can regain access to his or her HealthCare.gov account. It's important to note that consumers cannot update the email address to one that is already associated with the different

HealthCare.gov account. Please remember that in updating the email it's only going to change the email address associated with the consumer's account and consumers cannot change the username that is associated with their account. So they will still need to use the original username to login to HealthCare.gov even if this username is the old email address that they no longer want to associate with their account. Again, please refer to this week's newsletter for more information on this topic.

### **Assister Guidance: Dos and Don'ts in FFM and SPM's**

We will now move on to our first presentation for today. We are joined by Michelle and Emily who are from our Consumer Support Group who will discuss assister dos and don'ts. As a reminder if you have questions during today's webinar please submit them through the webinar chat feature. Michelle?

Thanks Carolyn. So it is almost open enrollment and we want to make sure that assisters are aware of what they may or may not do based on our regulations and guidance. During today's presentation, we will specifically cover some dos and don'ts about what assisters should do regarding application and enrollment assistance, outreach and education activities, avoiding conflicts of interest, and providing culturally and linguistically appropriate services and services accessible to people with disabilities. Today's presentation addresses specific requirements for Navigators, non-navigator assistance personnel, and CACs, or certified application counselors, in the Federally-facilitated Marketplace, including State Partnership Marketplaces.

Let's get started with application assistance. Assisters in the Federally-facilitated Marketplace all have a similar set of duties when providing application and enrollment assistance to consumers. First, every assister must provide information in a fair and impartial manner. When you're working with consumers this includes providing information about submitting eligibility applications and clarifying distinctions between different options and also making sure you are helping consumers make informed decisions during their plan selection process. If you are a Navigator, you also must help a consumer select a QHP if the consumer asks you to help them with that. If you are a CAC, and a consumer informs you that he or she would like to enroll with your help into Medicaid, CHIP, or a QHP offered through the Marketplace, you must facilitate enrollment.

In order to provide this information in a fair and accurate and impartial manner and to help facilitate enrollment there are a couple of things that assisters must do. First, they must provide information that helps consumers submit a Marketplace eligibility application. For example, you should help the consumer understand what types of financial assistance he or she may qualify for and help them answer the question appropriately in the application. Also you can work with them to help them select a plan online. Another thing you have to do is provide comprehensive information about the benefits and features of the plan. This includes information like deductibles and coinsurance and copayments and maybe information about what particular providers or hospitals are in the plan network. It also can include drugs formularies and how the plan would cover that drug. All of these are important features for our consumers so they can understand how that plan would work for the coverage or the care they would need. Next they must also help consumers find plans that offer cost sharing reductions or other federal financial assistance, if they are eligible. They also should clarify distinctions among different health coverage types including QHPs, Medicaid, and CHIP. You should explain the length of plan benefit years, eligibility rules, and make sure you're talking about different types of out-of-pocket costs because they can vary a lot among different types of plans. Again the provider network is an important thing for people to be aware of. Having this information will really help consumers assess the range of their coverage options and help to compare the strengths and weaknesses of different plans.

A couple more things that assisters must do to provide this fair, accurate, and impartial information is to make sure the consumer ultimately make their own informed choice about which option meets his or her needs or budget. If a consumer asks an assister about which plan to select and enroll in, assisters can't give their opinion or advice. The decision has to stay in the hands of the consumer. They have to also make sure the acts of selecting, applying for, and enrolling in a plan stays in the consumer's hands. For Marketplace Call Center purposes only, you may act as a third part representative to communicate with the Marketplace Call Center on the consumer's behalf. The consumer can call the Marketplace Call Center and give his or her verbal authorization to the Call Center representative they are talking to. I also want to say that this is not the same thing as a formal designation of an authorized representative. This just allows you to facilitate communication with the Call Center on behalf of the consumer when the consumer can't communicate or chooses not to communicate with the Call Center themselves.

We will go over a few other things assisters can't do. First, assisters can't log into the consumer's online Marketplace account or fill out the Marketplace application or select the plan. It's important that the consumer perform each of these independently and that the decision remains in the consumer's hands. Next as I mentioned earlier, they also may not recommend that a consumer select a specific plan or set of plans. This is even if the consumer ask for the recommendation. It's important to remember that your role is to give the consumer as much information as possible but you are not permitted to recommend a specific plan over another. Just help them assess their options. Lastly on the slide, they can't refer a consumer to any specific agent or broker. We had a whole presentation on working with agents and brokers a few weeks ago but if the consumer would like the help of a health insurance agent or broker you can inform the consumer about the general availability of agents or brokers in your area, but never make a referral to a specific agent or broker because doing so would undermine your duty to provide fair accurate and impartial information. We included a link on your slide about more information about how you can interact with agents and brokers.

We also want to make sure that consumers are able to obtain fair, accurate, and impartial application enrollment assistance without a fee. All of our programs are designed to ensure that assisters do not have a financial incentive to rush consumers through the process, which would undermine the assisters' duty to act in the consumer's best interest. So when you're providing assistance related to your duties as an assister you are prohibited from charging consumers for assistance or receiving compensation from your organization on a per application or per enrollment basis and also receiving any consideration directly or indirectly from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any consumers in a QHP or non-QHP.

Next will talk about some outreach and education activities. You are likely performing a variety of outreach and education activities in addition to providing one-on-one application and enrollment assistance. So as you plan and conduct your events it's important to keep in mind there are certain limitations on the activities that you may perform.

When performing either outreach, educational activities, or enrollment assistance activities, assisters may not use funds provided by the Marketplace to purchase or provide gift cards or promotional items that market or promote a third-party. This is regardless of the value of the gift. This is important for Navigators. They must not use their Navigator grant funds for any of these types of purchases. If you are performing assister work using other federal funds such as a grant from HRSA we urge you to check the requirements and reach out to your grant administrator if you have questions about using these funds to purchase things like gifts and promotional items.

As long as Marketplace funds are not being used you are permitted to provide gifts. I will go over some of these based on monetary value. First, you can provide gifts up to a \$15 limit for the purpose of encouraging someone to enroll in coverage. If you are at an event and you have a table set up you are permitted to have small gifts such as stress balls, Frisbees, or candy to try to get people to start the conversation about the Marketplace. You can also provide gift of over a \$15 value as long as you are not requiring that the consumer take any action towards enrolling in coverage in order to receive the gift. It's important that the gift does not induce or require the consumer to enroll in coverage. You can provide gifts of more than \$15 to reimburse consumers for legitimate expenses and this could be postage or traveling or anything that they incurred in an effort to receive Marketplace application assistance.

Now we will talk a little bit about direct contact with consumers. So you may conduct outreach and education activities by going door-to-door or through other means of direct contact. And this includes providing brochures or informational material about the Marketplace, Marketplace enrollment and the annual Marketplace redetermination process. However, you are prohibited from going door-to-door or using other means of direct contact such as a phone call for the purpose of providing application or enrollment assistance to consumers if they haven't requested that or if you don't have an existing relationship with them. You can't offer to assist the consumer with application or enrollment while you are going door-to-door to do outreach and education. If you are doing door-to-door outreach and education, and a consumer makes an unprompted request for application assistance, they say hey since you are here can you help me with my application for open enrollment, then you are allowed to provide the requested assistance or you can schedule a follow-up appointment. However, unless they ask for enrollment assistance, you are not allowed to initiate it. Lastly if your organization already has a relationship with the consumer, let's say the consumer is an existing patient or client, you can directly contact to consumer to provide application or enrollment assistance. Just please make sure you are complying with any other federal or state or local laws that apply to this interaction.

Another type of direct contact is a robo call. You must not call consumers using an automatic telephone dialing system or an artificial or prerecorded voice. You are permitted to use them to reach out to consumers for things like reminding them that open enrollment is starting in 10 days or that you are having upcoming events, but even in cases where these calls are appropriate please be sure that you are still complying with any other federal or state or local laws that may apply.

And for the last part of the outreach and education section, and this is really applies mostly to Navigators and in-person assisters, they must maintain a physical presence in the state where they are authorized to help consumers with the Marketplace. This is to ensure that consumers are getting face-to-face assistance and that they understand and meet the specific needs of their community. CACs are not required to maintain a physical presence in the state. I will now turn it over to Emily who will talk about avoiding conflicts of interest.

We will be putting out a fact sheet about avoiding conflicts of interest so stay tuned for that, and today I will just walk through some of the requirements and prohibitions.

First, we will talk about Navigators and in-person assisters and we will talk about CACs separately. There are four absolute prohibitions for Navigators and in-person assisters, and this applies to both the assister organizations and anyone providing work for that assister program. So if you are Navigator or in-person assister you can't be a health insurance issuer or issuer of stop-loss insurance. You can't be a

subsidiary of a health insurance issuer or issuer of stop-loss insurance. This is basically a company that is owned or controlled by an issuer. You can't be an association that include members of or lobbies on behalf of the insurance industry. And lastly, you can't receive consideration - which basically means any form of compensation, it could be money or gifts - direct or indirect, from a health insurance issuer or stop loss in connection with enrolling a consumer in a QHP or non-QHP. If you are someone who is paid a commission for enrolling consumers into QHPs you can't be a Navigator or in-person assister. And one side note here, this rule doesn't prohibit health care providers from being Navigators or in-person assisters, just because they receive payments from issuers for the health care services they provide.

There are three kinds of relationships that Navigators and in-person assisters must disclose. You have to disclose these both to the Marketplace and in plain language to each consumer you help. We will talk through each of these. The first is any non-prohibited lines of insurance business that you or your organization intends to sell while serving as a Navigator or in-person assister. If you are a Navigator and you have a part-time job selling life insurance, that is not prohibited, but you do have to disclose this to the Marketplace and to every consumer you help as a Navigator.

The second type of relationship you have to disclose is any employment relationships either current or within the last five years between you and a health insurance or stop-loss issuer or its subsidiary.

The last kind of relationship you have to disclose is any financial assistance or contractual relationship that you or your organization have with the issuer or stop-loss issuer. This includes both existing and anticipated relationships. Finally, all Navigators have to submit to the Marketplace a written plan to remain free of conflicts of interest while carrying out your Navigator or in-person assister duties.

Now we will talk about CAC conflict of interest rules. If you are a CAC or CAC organization, you cannot receive any consideration directly or indirectly from a health insurance issuer or stop-loss in connection with enrolling anyone with a QHP or non-QHP. Again, as with Navigators, this rule does not prevent a health care provider from being a CAC.

And, if you are a CAC you have to disclose to every consumer you assist any relationship you have with QHPs or insurance affordability programs, like Medicaid or CHIP, or any other potential conflicts of interest.

And then lastly we want to talk about the requirements for providing culturally and linguistically appropriate services and services accessible for consumers with disabilities.

So first just a quick note about nondiscrimination. All assisters are prohibited from discriminating based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation. An exception to this is if you are an organization that receives federal funds to provide services to a specific population like a Ryan White HIV/AIDS program or an Indian health provider, you can still be a CAC organization and limit your services to the population that you are federally funded to serve, as long as you don't discriminate within that population. All assisters have to comply with any other applicable state or federal non-discrimination laws.

Next Navigators and in-person assisters have to provide culturally and linguistically appropriate services. CAC standards are little different in this area. We will talk a little bit about that afterwards. There are six things you have to do to be sure you are complying with this requirement if you are a Navigator or in-person assister. You have to have a general understanding of the racial, ethnic, and cultural groups in

your service area. This would include the cultural health beliefs in your area, the preferred languages, the health literacy, and other needs in your community. Second, you have to collect demographic information about the communities in your service area, including the primary languages spoken, and keep this information up to date.

You also have to help consumers in their preferred language and at no cost to them – meaning oral interpretation and translating written documents if necessary to communicate with a consumer effectively or if they request it. Remember that a consumer's friends and family can provide interpretation only if the consumer requests it and only if the consumer prefers this over other services. When you're helping folks with limited English proficiency you have to give them oral and written notice in their preferred language of the right to receive translation services and how to get them. You have to receive ongoing training on how to provide culturally and linguistically appropriate services. And you also have to take steps to recruit and support and promote a staff to share demographic characteristics with communities your serving. This includes hiring staff members who speak the primary languages spoken in your service area.

You also have to ensure that your services are accessible to consumers with disabilities. There are six things you need to do to meet this requirement. You need to make sure that any consumer education materials, websites, and other tools are accessible to people with disabilities. This includes all types of disabilities. This could be visual or hearing impairments, mental illness or addiction, and physical, intellectual, or developmental disabilities. Second you have to provide auxiliary aids and services for consumers with disabilities at no cost to the consumer, if the services are necessary to communicate with them effectively, or if the consumer request them. For example, if someone is blind or has vision loss we recommend having someone read out loud or providing information in large print or braille for the consumer to read. For those consumers who are deaf or have hearing loss we recommend providing a sign language interpreter, written materials, or a note taker. You should ask consumers which works best for them. A consumer's friends or family may provide these services only if the consumer request that, and only if the consumer prefers this option to other services. Third, you have to provide assistance in a location and manner that is accessible to consumers with disabilities. For example, if your location has stairs, make sure it also has a ramp or elevator and make sure there is accessible parking if your location has parking available, and make sure there are accessible restrooms nearby.

You must of course allow authorized representatives to help consumers with disabilities make informed decisions. And know enough about local and state and federal and long-term services and support program so that if it's appropriate you can refer consumers to these programs. And finally, you have to be able to work with all individuals regardless of age, disability, or culture, and ask for advice or help from experts if you need to.

CACs are required to provide assistance that is accessible to consumers with disabilities and they can meet this requirement either by providing the assistance directly or by making an appropriate referral to a local Navigator, in-person assister or to the Call Center. A referral is appropriate if the assister you are referring the consumer to is nearby and can be reached with minimal time and effort on the consumer's part and if that assister can provide the disability services they are requesting. CACs are not required, but we encourage them, to provide translation and other language access services, and we do expect that if the CAC cannot assist someone with limited English proficiency they will refer them to a local Navigator or in-person assister or the Call Center. Apart from our rules many organizations are required by federal, state, or local laws to provide language access services so you want to check with your organization if you are unsure of your responsibilities.

That's it for the dos and don'ts for today. We want to encourage you to reach out to us if you have questions. CACs can email us at this link here. Navigators you can reach out to your project officer or email us at this link here.

On this last page here we have some links to assister guidance that goes over what we talked about today. It's a really good reference if you are ever unsure of your assister roles or responsibilities.

Thank you Emily and Michelle for that really helpful presentation. We are seeing some questions come in and we really appreciate them and we will answer them either later in the webinar or in an upcoming newsletter but for now we would like to move on to our next presentation to make sure we have enough time.

### **Application Spotlight: Family and Household Composition Section**

For this next presentation we are joined by IJ from our Consumer Support Group and she will be presenting an application spotlight on family and household composition. If you have questions during the presentation please submit them to the webinar chat feature and we will answer them either today or in an upcoming newsletter. IJ?

During today's session I will go over the section of the Federally-facilitated Marketplace (FFM) and the State Partnership Marketplace online application that captures information on a consumer's family and household composition. The application collects information about each family member in order to make eligibility determinations for all applicants. The amount of assistance or type of program applicants qualify for depends on several factors including the number of people in the family and the income.

Today I will go over the family and household section as well as how to complete the section for multi-tax household situations.

As a consumers go through account creation and ID proofing they will answer questions to determine whether they will fill out this streamlined application or traditional application. The traditional application is usually the longer one. Consumers that are directed to the traditional application will fill out the get started section and then progress to the family and household section. And I did put that in red on the left side screen. For the first step of the process they will be asked for various information about the adult in the family who will serve as the contact person for the application and the person is also known as the application filer. In this section of the application the system will collect information such as the consumer's sex, Social Security Number (SSN), race and ethnicity, although these are optional. This includes also their home address and other information. They will also collect whether he or she files taxes and who else is on their tax return. The system will also ask who they live with and this is used for eligibility purposes such as family size and other factors. Today I will be using the Hill family as a fictional example. In this example Andre Hill will be the application filer and his wife Bridget. Andre and his wife will be filing a joint federal tax income; therefore they are considered a single tax household application.

When helping consumers we recommend that you schedule enough time to complete the family and household section in one sitting. The screenshot here is an important notice that serves as a reminder to do that.



Now there will be the various family and household questions so the first question is asking Andre what his sex is. Here we have his Social Security Number being asked about. When a consumer applies for coverage, those who have Social Security Numbers are required to provide their Social Security Number. Anyone who doesn't have a SSN can leave this field blank. We encourage consumers to enter in their SSN and all household members' SSNs on the application because it will have a big impact on expediting their application. That part is very important. If they have a Social Security Number make sure they do enter it so their application can be expedited. The Social Security Numbers are used by the Marketplace to check income and other information against electronic data sources so even if Andre doesn't want health care coverage himself providing his Social Security Number can be helpful in speeding up the application process. If the Social Security Number is not provided he may need to provide further documentation to verify his information.

Another question that is asked is regarding citizenship and US nationality, and for this presentation he will be classified as a US citizen and if he attests that he is a US citizen it will automatically be checked against the Social Security Administration data. It is verified electronically through the Social Security Administration and he will not need to provide any more proof of citizenship and if he attests to being a US citizen or US national but his information is not verified with the Social Security Administration then additional questions regarding whether he is a naturalized or derived citizen will appear on the screen. This will then verify information from naturalized or derived citizens from the Department of Homeland Security.

As mentioned before, in this example he will be filing a joint federal tax income return with his wife Bridget and this is a single tax household application. In order to be eligible for advanced premium tax credits (APTC) or cost sharing reduction (CSR) they will have to file a joint federal tax return if they are married. However there is a variety of situations that can take place. If a consumer cannot file a joint federal tax return, a consumer who is married but living apart from their spouse and is unable to file a joint tax return because the consumer is a victim of domestic abuse or spousal abandonment can obtain APTC as long as they are otherwise eligible. Someone in this circumstance can indicate in their application that they are not married. They can put they are not married if they are a victim domestic abuse or spousal abandonment. Consumers who tend to use head of household as their filing status for the coverage year can also obtain APTC and CSRs as long as they are otherwise eligible. They should also indicate on the application they are not married. Consumers in these circumstances will not face any penalties for indicating they are not married on the application. As a reminder, all enrollees are required to update their Marketplace account if they have a change in their place of residence, household income, family size, or marital status as well as other information within 30 days of the change.

Here is a screenshot of Andre's race and ethnicity. The application will ask for each family members' race and ethnicity and this information is optional and it won't impact their consumer eligibility for coverage or financial assistance. This information is just to help HHS.

Once again, the other applicants will be asked similar questions. So Bridget is now being asked the same thing, her Social Security Number and then the next slide she is asked whether she is a US citizen or US national. And for the purpose of this presentation she will indicate that she is not a US citizen or a US national. So then Bridget has an eligible immigration status and the application prompts her to choose a document type and ID number. You'll see at the bottom of the screen there is a drop-down select button and the consumer can select that to indicate what type of documentation they would like to provide. Bridget will select a permanent resident card from the drop-down menu and the application

will ask for a description of the card as well as the associated alien number and card number. These numbers are optional but we do encourage consumers to include these numbers as it speeds up the application process. There is also a link right above this that says learn more about document types. The consumer or you as the assister can click on that for more information.

Here we have further application information asking them to confirm their home address of all the household members. In an effort to avoid issues with the system, they recommend that assisters remind consumers that when filling out applications for family members that live together, consumers should be careful to make sure all the household members' addresses match. That way the system knows they are all in the same home and have the same address.

This question collects information about whether the application filer cares for a child under the age of 19. It is asked of all people whether they are male or female and this is for the purposes of figuring out if this person is qualified for Medicaid as a parent, caregiver, or relative.

Here are some examples of more questions. The application will ask questions about whether or not they have a disability or need help with activities of daily living. Answering in the affirmative will not increase the health care costs but if any family member has a disability or mental health condition that affects their ability to take care of their daily needs, they may qualify for free or low-cost coverage.

The application does include a question to determine if any family members were not found eligible for Medicaid or CHIP coverage. This question will help individuals who have been denied by the state so they can be evaluated for APTC or CSR eligibility. There is an additional question asking whether they were denied Medicaid or CHIP because of their immigration status and answering this question will help HealthCare.gov determine eligibility with those individuals with income under 100% of the federal poverty level who are ineligible for Medicaid or CHIP based on their immigration status and then who may be eligible for APTC and CSR. This allows consumers to continue with their application and enroll in a plan if they were otherwise eligible. There is a fact sheet on Marketplace.cms.gov for applicants that were denied Medicaid and CHIP eligibility due to their immigration status.

This next question is in regard to how many applicants are pregnant. In this instance Bridget Hill is pregnant so she is indicating she is expecting one child. Pregnancy is relevant for Medicaid eligibility because if they are pregnant and the consumer is below the income threshold for their state she can qualify for Medicaid. Pregnancies are also considered in the household size for Medicaid eligibility. State Medicaid agencies varies on how to count pregnancy so check with your state.

So now there is a summary of all of the questions that were answered. I encourage you all to have the consumer review everything on this page to make sure that it is accurate and also make sure at the bottom of the page they click save and continue.

So I have some tips to share for helping multiple tax households. Like I said before this presentation demonstrated how to fill out an application for a single tax household but as we know you often help consumers that have diverse tax statuses. Families that are seeking health coverage must provide information on how they plan to file taxes and household income and other information. Sometimes families have households where family members plan to file more than one tax return. For example domestic partners or parents that live with children who file their own taxes and are not claimed as tax-dependent or spouses who are married or filing separately. Please note that spouses who are married but are filing separately are not eligible for APCT and CRSs. Currently the FFM cannot support people

from different tax returns enrolling in a plan together. Therefore individuals in different tax household must file separate applications for their Marketplace coverage.

I will go over a few steps on how to identify this situation and what to do when filling out separate applications. It is important to note that assisters should never advise consumers on whether or how to divide up their household for purpose of taxes. When acting as an assister they are not a tax advisor. The first step is to determine whether any applicants on the application are applying for help paying for coverage. If they are applying for help paying for coverage you should determine if applicants in the household are filing more than one tax return between them. Identify the people in the household and their plans for filing taxes for 2016. And ask them the following questions you see here. You can ask if they plan on filing a federal income tax return for 2016? If they plan to file jointly with their spouse if they are married? If they will claim any dependents? Or you can also ask if anyone in the family or household files taxes separately? Please know that if a parent plans to claim a child as a dependent regardless if the child files his or her own taxes they can submit one application together. Also the child is not eligible to get a tax credit on his or her own if she is claimed as a dependent. This is also true for any tax dependent regardless of age. It is the tax filer who can determine eligibility for tax credits.

Some more tips. If you determine that taxes will be filed separately for one or more of the household members you should assist them by either calling the Call Center for assistance or helping them complete separate applications for each tax household. For each tax household list members of the household as applicants on one application. List the separate tax household members as non-applicants that are not applying for coverage. Members of each application will be on their own policy, but can still select the same plan, if they choose to.

And I have two scenarios before I end my presentation. The first one involved two domestic partners Jane and Joe and their two children Sue and Billy and they are both applying for help paying for health coverage. Jane claims Sue as a dependent on her tax return and Joe claims Billy as a dependent. So there are going to be two separate applications. Jane is going to be the application filer and she will list herself and Sue as applying for coverage and she will also list Joe and Billy as non-applicants. On the second application Joe is the application filer and he will list Joe and Billy as applying for coverage and list Jane and Sue as non-applicants.

In the second scenario, Mary lives with her 18-year-old child Julie. Mary and Julie file separate tax returns. Mary does not claim Julie as a dependent on her return. So there are going to be two applications in this instance and Mary will be the filer on her application and Julie will be the application filer on her separate application but they still will list each other as non-applicants on their applications.

Some key points to remember when you are assisting consumers. It's important to ask the right questions to help consumers identify whether or not they will be a single or multi-tax household. If they are multi-tax household, meaning the members of the household plan to file more than one return, either help them to submit separate applications for each household member or contact the Call Center for help. That is all I have. I know we are short on time so I will answer some questions with the newsletter. Thanks so much.

## Q&A

Great presentation today. We are short on time but a number of questions came up about our first presentation, so for those who have time to stick around on the line we will answer it couple of them to get that information to you.

I will turn back to Emily and Michelle to answer the most frequently asked question today which is whether an assister can physically enter a consumers information into an online or paper application on the consumer's behalf if the consumer request assistance with doing so?

Sure. Consumers should be inputting their own information and assisters can be providing assistance. In certain circumstances assisters are allowed to provide some direct assistance on their behalf so for example if a consumer is physically unable to input information on their own or if doing so is difficult, consumers with limited English proficiency or for those who are maybe not comfortable on a computer, an assister can enter the information with the consumer's consent. It's important to have their consent to do so. Otherwise, consumers should type or write in the application themselves to make sure the information they are providing is accurate when they submit their application and make sure they understand the information they are actually submitting. Assister should not enter consumer's information into the application on the behalf of the consumer if they are speaking with the consumer over the phone or if the consumer is not otherwise present. As long as they are sitting down with them and they are giving you the consent to help them, you are permitted to do that.

Great. Hopefully that resolved some of the questions about the level of help they can provide to people who are unable or not comfortable using a computer. Our next question which is also commonly asked is can Navigators reach consumers by going door-to-door and can they provide application enrollment assistance to consumers as well as door-to-door outreach activities?

Assisters can conduct outreach and education activities by going door-to-door to homes. I mentioned earlier outreach and education can include providing brochures and information materials about the Marketplace open enrollment or annual redetermination process or general information about the assisters' organization and their role as providing application and enrollment assistance. You can do that with information on your organization and how they can find you if they need assistance with their application and enrollment later on. But the difference is assisters can not go door-to-door for the purpose of providing application and enrollment assistance to their consumers if they have not requested or initiated that contact or if the assister doesn't have that existing relationship with the consumer. I mentioned also if you are going door-to-door and providing outreach and education materials and a consumer initiates a request needing help with their application or enrollment, at that time the assister can provide the requested assistance or schedule a follow-up appointment but the real thing is if you are going door-to-door it needs to be for the purpose of conducting outreach and education and not conduct application or enrollment assistance.

Thanks. Unfortunately, since we are out of time for today we won't be able to answer more questions on the webinar but we will get to them in our newsletter in the webinar resources section where we will also be posting links for these presentations and for the guidance that we went over today. Thank you so much to Michelle and Emily and IJ for their helpful presentations today and thanks to everyone listening for the questions that you submitted and for your time and attention. Again, we will be answering questions that you sent in in an upcoming newsletter in the newsletter resources section. We want to say, again, thank you for your hard work and time and attention as we prepare for the next open enrollment period and as a reminder, if you would like to sign up for the weekly newsletter or

listserv and webinar invitation please send a request via the inbox and write add to listserv in the subject line. Thanks again, and have a great weekend.